



## Certificate of Express Mailing

"Express Mail" Mailing Label Number: EV708630911US

Date of Deposit: 12/20/2005

Ref: Case Docket No.: P690C1

First Named Inventor: Harry A. Glorikian

Serial Number: 10/006,346

Filing Date: 12/03/2001

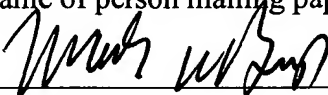
Title of Case: System for Selecting Information to be Transmitted to a Client Based on Position and Change in Position

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Alexandria, VA 22313-1450

1. Response E.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Petition For Extension of Time
5. Terminal Disclaimer.
6. Check for fees in the amount of \$125.00 (65/Term. Disc.; 60/Ext.).
7. Certificate of express mailing.
8. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

  
\_\_\_\_\_  
(Signature of person mailing papers or fee)

12-22-05

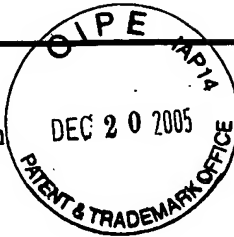
2/15/04  
JEW

Method of Transmission: EV708630911US

CASE DOCKET NO. P690C1

In reference to application of Harry A. Glorikian

Serial No. 10/006,346



For System for Selecting Information to be Transmitted to a Client Based on Position and Change in Position

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.  
☒ Applicant claims Small entity status under 37 CFR 1.27.  
☒ The fee has been calculated as shown below.

## \*\*\*\* CLAIMS AS AMENDED \*\*\*\*

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	18	Minus	** 20	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input checked="" type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 60.00
Total additional for claims, time extensions and disclaimer fees							\$ 60.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☒ A check in the amount of 60.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534 . (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 . A duplicate of this sheet is enclosed.Respectfully Submitted, /Donald R. Boys/Donald R. Boys  
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